Town of Amesbury

ELEMENTARY AFTER SCHOOL PROGRAM 2015 -2016

PROGRAM INFORMATION:

Program dates September 2- June 21

Open to all 1st through 4th graders.

The Town of Amesbury's Recreation Department holds an after school program at each elementary location utilizing the café, gym and playground areas. We provide a daily snack and cold water.

The program meets Monday through Friday from 3-6pm. Parents may utilize any and /or all days they have registered for. Children may be picked up at any time. A program cell phone is provided for emergencies or for when your plans change.

In the event that school is closed due to weather, school holidays or early dismissal, the program will not be held.

After School Program Schedule:



Payment OPTIONS:

3-3:20 Arrive/ Snack 3:20-4:00 Playground/games 4:00-4:30 Homework /Read 4:30-5:30 Sports/Arts 5:30-6 Games/pick-up

VacationProgram

Feb. + April

7:30-3 *extra cost

ACTIVITIES PROVIDED:

Games!

Sports!

Playground!

Arts and Crafts!

Homework Help!

Reading Rewards Program!

Special Theme Days! And More!

DROP OFF PROGRAM for all Parents:

If you preregister (give us a registration form ahead of time), Your child can attend any day we are open with a call to the director and school before 2pm of that day. Payment is due to the Youth Director the next day.

Other Notes:

Please DO NOT BRING a SNACK-They will not be allowed to eat it as we are keeping the programs NUT-Sensitive. Registration is first come, first serve and mail-in or drop off @ 68 Elm St. between 8 and 4

Please note the Recreation office is in the New Transportation Center at 68 Elm St.

\$10 Sibling Discount w all 5 days

1 Day option: \$20/day or \$72 per month *must preregister

2 days per week (must choose ahead of time)- \$130/month

3 days per week (must choose ahead of time)- \$170/month

4 days per week (must choose ahead of time) - \$210/ month

All 5 days - \$260/month *** June is free if you start before December

Payments Due by 1st of the month * Late fees will be assessed.

Any questions- Call Kathy Crowley (Youth Director) at 978-388-8137 or kathleen@amesburyma.gov Amesbury Recreation is located at 68 Elm St. in the new Costello Transportation Center

E-mail	Child's Name	Age	Grade Entering	Sex	D.O.B
Cell phone	Primary Guardian	Relationship	Primary Guardian		Relationship
YOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM BEFORE YOUR APPLICATION WILL BE PROCESSED! Should we be unable to contact you or your spouse in the event of an emergency, please list a different adult we may contact: (E.g.: Grandparent, aunt,etc) Name Relationship Address(include city and state) Home Phone# Work Phone # Cell Phone # Pager # Please list all others who may have permission to pick up you child (include name and phone #) amily/Child's Doctor: Address Phone # ledical Insurance Company and Policy # Lelerjies/Special diets 1. 2. 3. 4. Pecial limitations or concerns. Chronic Health Conditions Please Note: There is no nurse on duty- We do not administer medication except for assistance w/ epi-pens. articipation in this sport /activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for articipation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Amesbury, its or myloyees, agents, volunteers and supervisors, except in the case of sole negligence, from all lioses, lees and other expenses, arising out of or in connection varicipation in the activity. In addition, I give my permission for the agents, severants, employees, and officials to the City of Amesbury to use their sole discretion in seeking and roviding treatment for the child(rem) by qualified medical personnel in the above named participation. Junderstand that my child(rem) can be dismissed from the program is NUT Sensitive and I will not provide my child with a snack or an administration of the program Director of the will be late. I understand that my child(ren) can be dismissed from the program if my fees remain unpaid for over one month (without communication than the program Director).	Address	Home phone	Address	Hoi	me phone
VOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM BEFORE YOUR APPLICATION WILL BE PROCESSED! Should we be unable to contact you or your spouse in the event of an emergency, please list a different adult we may contact: (E.g.: Grandparent, aunt,etc) Name Relationship Address(include city and state) Home Phone# Work Phone # Cell Phone # Pager # Please list all others who may have permission to pick up you child (include name and phone #) Address Phone # Pager # Ideicial Insurance Company and Policy # I	Cell phone	Business Phone	Cell phone	Bus	siness Phone
Should we be unable to contact you or your spouse in the event of an emergency, please list a different adult we may contact:(E.g.: Grandparent, aunt,etc) Name	E-mail		E-mail		
Home Phone#					
Please list all others who may have permission to pick up you child (include name and phone #) Address	Name	Relationship	Address(include city and	state)	
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Please check off if you do not want your child photographed/videotaped. These photos may be released to newspapers or used by the program.	pecial limitations or concerns Please Note: There is no nurs articipation in this sport /activity articipation in the program(s) list mployees, agents, volunteers an articipation in the activity. In add roviding treatment for the child(re ther peanut related materials. ontact the Program Director if I we	se on duty- We do not administer medi may involve risk of injury. As a parent, gua ed above, I hereby for myself, my heirs, ex ad supervisors, except in the case of sole n ition, I give my permission for the agents, s en) by qualified medical personnel in the e- prior to 2 weeks of the start of the programs.). I understand that my child(ren) can be di	Chronication except for assistance w/epirdian or participant, I am aware of thesecutors and administrators waive and egligence, from all losses, injury, damagervants, employees, and officials to the vent that the above named parent/gual I understand that the program is NUT ismissed from the program for violation	c Health Conditions i-pens. se hazards and my ability release all rights and cla ages, fees and other exp re City of Amesbury to us rdian cannot be reached Sensitive and I will not as of the behavior code. I	to participate. In consideration for ims against the City of Amesbury, its enses, arising out of or in connection e their sole discretion in seeking and at the phone numbers provided. I un provide my child with a snack or agree to pay my fees each month a
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